

2012 Medicare Advantage plans in Washington state

Data as of Oct. 6, 2011.

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series).

Plans under sanction by Medicare are not shown.

* Indicates this type of plan does not offer Part D drug coverage.

For the most current information, contact the plan directly or go to www.medicare.gov and click on "Compare Drug and Health Plans."

County	Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Plan ID	Monthly Consolidated Premium (Includes Part C + D)	Part C Premium Only (Only use this when calculate LIS recipients premium)	Part D Premium Obligation with Full LIS	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	In-network MOOP Amount **
Kitsap	Community HealthFirst Medicare Advantage Plan 1-800-944-1247 TTY/TDD: 1-866-816-2479 www.healthfirst.chpw.org	Community HealthFirst MA Extra Plan (HMO)	Local HMO	H5826	010	\$0.00	\$0.00	\$0.00	\$0	Enhanced	Many Generics	\$10/\$40	V	\$3,400
Kitsap		Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	H5826	008	\$33.60	\$0.00	\$0.00	\$0	Enhanced	No Gap Coverage	\$0/\$20	D, V	\$2,800
Kitsap		Community HealthFirst MA Plan (HMO)	Local HMO *	H5826	006	\$0.00				No Drugs		\$0/\$20	D, V	\$2,800
Kitsap	Group Health Cooperative 1-800-446-8882 ext. 100 www.ghc.org	Group Health Cooperative Clear Care Basic (HMO)	Local HMO *	H5050	001	\$35.00				No Drugs		\$10/\$35	D, V, H	\$2,500
Kitsap		Group Health Cooperative Clear Care Essential (HMO)	Local HMO	H5050	009	\$118.00	\$92.70	\$0.00	\$320	Basic	No Gap Coverage	\$10/\$35	D, V, H	\$2,500
Kitsap		Group Health Cooperative Clear Care Optimal (HMO)	Local HMO	H5050	004	\$212.00	\$180.70	\$0.00	\$0	Enhanced	No Gap Coverage	\$10/\$25	D, V, H	\$1,000
Kitsap		Group Health Cooperative Clear Care Vital (HMO)	Local HMO	H5050	013	\$19.00	\$18.90	\$0.00	\$320	Basic	No Gap Coverage	\$20/\$45	D, V, H	\$3,200
Kitsap	Humana Insurance Company 1-800-372-2147 www.humana-medicare.com	Humana Gold Choice H8145-097 (PFFS)	PFFS *	H8145	097	\$0.00				No Drugs		20%/20%	D, V	\$4,500
Kitsap		Humana Gold Choice H8145-109 (PFFS)	PFFS	H8145	109	\$92.00	\$57.60	\$7.50	\$0	Enhanced	Few Generics and Few Brands	\$15/\$35	D, V	\$3,400
Kitsap		HumanaChoice H6609-013 (PPO)	Local PPO	H6609	013	\$59.00	\$23.00	\$0.00	\$0	Enhanced	Few Generics and Few Brands	\$10/\$40	D, V	\$2,900

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Kitsap	Regence BlueShield 1-800-505-6765 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H5009	002	\$119.00	\$81.10	\$1.40	\$200	Basic	No Gap Coverage	\$15/\$40	D, V	\$3,400
Kitsap		Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	H5009	004	\$211.00	\$132.80	\$41.70	\$0	Enhanced	Many Generics	\$10/\$30	D, V	\$2,800
Kitsap		Regence MedAdvantage Basic (PPO)	Local PPO *	H5009	001	\$79.00				No Drugs		\$15/\$40	D, V	\$3,400
Kitsap	Sterling Life Insurance Company 1-877-906-0926 www.sterlinghealth.com/products/medicare-advantage	WindsorSterling Gold Plus Plan (PPO)	Local PPO	H8558	012	\$75.00	\$47.80	\$0.00	\$0	Basic	No Gap Coverage	\$10/\$30	D, V, H	\$4,000

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Key to types of Medicare Advantage plans

Local HMO: A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

Local PPO: A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

PFFS: A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

Key to Drug Benefit Type

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

Enhanced: These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

Key to Abbreviations

D: Some dental coverage

H: Some hearing coverage

V: Some visual coverage

MOOP: Maximum Out of Pocket

Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

You can also read more about Medicare Advantage plans at: www.insurance.wa.gov/consumers/medicare/index.shtml